



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
BRADY	KAT		533-3454
MAILING ADDRESS (Street)			FAX
76 NORTH KING STREET # 203			CELL 927-1214
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
ACLU OF HAWAII			522-5900
MAILING ADDRESS (Street)			FAX
PO Box 3410			-
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96801	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AMERICAN CIVIL LIBERTIES UNION OF HAWAII			522-5900
MAILING ADDRESS (Street)			FAX
PO Box 3410			522-5909
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
VANESSA Y CHONG			522-5900
MAILING ADDRESS (Street)			FAX
PO Box 3410			522-5909
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96801	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

☒ Public Safety & Corrections☒ CIVIL RIGHTS
CIVIL LIBERTIES**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)

TELEPHONE

MAILING ADDRESS (Street)

FAX

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)